

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)		VOUCHER NUMBER				
1. CIR./DIST./ DIV. CODE CAN		2. PERSON REPRESENTED MILLARD, DEANDRI MARQUIS BILLY				
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CR-08-00353-DLJ				
5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT NUMBER				
7. IN CASE/MATTER OF (Case Name) UNITED STATES v. MILLARD		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Other... <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense				
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Arrestee		10. REPRESENTATION TYPE (See Instructions) CC				
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 21:841(A)(1),(B)(1)(A)(III)						
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS MICHAEL P. THORMAN 24301 SOUTHLAND DR., STE. 312 HAYWARD, CA 94545 Telephone Number 510-785-8400		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> I certify that the above-named person represented has testified under oath or has sworn (as required by this court that he or she (1) is financially unable to employ private counsel, (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case; OR <input type="checkbox"/> Other (See Instructions) Mag. Judge Brazil Signature Of Presiding Judicial Officer or By Order Of The Court 7-17-08 6/12/2008 Date Of Order Name Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only if not individual attorney, see instructions) BONJOUR, THORMAN, BARAY & BILLINGSLEY 24301 SOUTHLAND DR., STE. 312 HAYWARD CA 94545						
CLAIM FOR SERVICES AND EXPENSES						
CATEGORIES (attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment And/or Plea					
	b. Bail And Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
h. Other (Specify on Additional Sheets)						
(RATE PER HOUR =) TOTALS:						
16. Out Of Court	a. Interview and conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR =) TOTALS:						
17. Travel Expenses (Lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED):						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION		
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with the representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.						
Signature Of Attorney _____ Date _____						
APPROVED FOR PAYMENT - COURT USE ONLY						
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES
27. TOT. AMT. APPR./CERT.		28. JUDGE/MAG CODE		29. IN COURT COMP.		30. OUT OF COURT COMP.
31. TRAVEL EXPENSES		32. OTHER EXPENSES		33. TOTAL AMT. APPROVED		34. JUDGE CODE
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE		DATE		